

SENDER: Case 1:01-cv-00021-SSB-TSB

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Jan Albert Creusere
3943 Hazel Ave.
Cinti, OH 45212

C-1-01-21, Doc. 21

2. Article Number
(Transfer from service label)

7001 2510 0008 6348 8865

PS Form 3811, August 2001 SSB Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mary Creusere* ☐ Agent ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
10/8/03
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes